

INDIANA DOMESTIC VIOLENCE STATE PLAN

2002-2007

Prepared by:

**Indiana Family and Social Services
Administration**

Division of Family and Children

and

Indiana Coalition *Against* Domestic Violence, Inc.

2002-2007

State Plan Committee Members

Matilda Barber

Laura Berry Berman

Dr. Carolyn Black

Waymon Brown III

Anita Carpenter

Captain Dottie Davis

Sgt. Cynthia Eastman

Angela Green

Dr. Doris Hardacker

Lena Harris

Cynthia Hedge

Tracey Horth Krueger

Dr. F. Steven Land

Debbie J. Melloan-Ruiz

Renitra Moore-Marion

Joan Walker

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Foreword

"It is good to have an end to journey toward, but it is the journey that matters in the end."
Ursula K. LeGuin

For the past twenty-two years there has been an active movement against domestic violence in Indiana. The Indiana Family and Social Services Administration (FSSA), the primary funding agent for domestic violence programs, and the Indiana Coalition Against Domestic Violence (ICADV), as the statewide leader against domestic violence, maintain a strong alliance and work collaboratively to improve the status of victims and their families throughout the state. In 1996 FSSA's Domestic Violence State Plan was updated in order to provide a roadmap for change in the State of Indiana. The intent of this plan is to serve as a useful guide for the State of Indiana in its allocation of state resources to the area of domestic violence.

The state plan is revised every five years. It provides a history of the development of domestic violence services in this state, a "blueprint" of the status of the needs and assets available throughout the state, and the goals for further development and funding of services throughout the state identified for the next five years. In addition, the plan includes information intended to assist service providers and funders in their continued planning. Ultimately this plan should be used as a guide in comprehensive planning by state and local government offices and officials, as well as planning councils and organizations in the field to assure that a consistent continuum of services and priorities are implemented throughout the state.

During the course of revising this document, amendments were made to improve consistency in terminology. This document reflects the most current trends in state and national domestic violence thought and best practice in these ways:

- using non-gender-specific language to reflect the fact that women and men are batterers and victims
- referring to "programs" instead of "shelters" to reflect the growing number of programs which focus on services in the community
- referring to "residential" and "nonresidential" programs rather than "shelter" and "outreach"
- further tightening and clarifying the terminology and descriptions as specifically and concisely as possible
- addressing the problem of domestic violence from a more preventive and holistic orientation

This document is meant to provide a reference point from which to move forward in the work to eliminate domestic violence and improve the lives of families in Indiana. It is made possible as a result of the commitment of Lena J. Harris, FSSA Program Specialist, who has focused efforts over the years on the domestic violence issues. FSSA and ICADV must be recognized for their efforts in realizing the culmination of this plan. The State Plan Committee, Domestic Violence Prevention and Treatment Council, and many other organizations should be acknowledged as well. Without the work of those at the grassroots level, implementing services and providing education, the labors of this document would all be in vain. This State Plan will only be useful if it is used. Planning is a continual process and it takes all of us implementing our respective parts to make a difference.

Strategy

Family and Social Services Administration and the network of domestic violence service providers have united in a strong front against family violence. Much of the work that is accomplished throughout the state is due to the collaboration each respective group brings to the table. The peer review process is an excellent example of the strategic planning and collaboration that has occurred.

The characteristics of a victim of domestic violence or someone living in a violent environment cannot be summarized into one category. Domestic violence knows no social or economic boundaries and does not discriminate based upon age, gender, race, disability, or religious belief. Because of this diversity the issue of domestic violence must be addressed using a comprehensive and multi-disciplinary approach. There is an ancient African proverb that states, “It takes a village to raise a child.” This is never truer than in the case of domestic violence. No longer is this issue a family matter to be dealt with behind closed doors. It is a problem that society must acknowledge and address. The “village” must take responsibility for this issue in order to realize an end to the violence.

Indiana has an advantage over many other states when addressing domestic violence issues. The alliance between funder (FSSA) and network (ICADV) enables the movement to identify critical issues, barriers, and underserved areas and work toward allocating resources in those directions. This relationship increases innovative thinking and opens the pathway of reaching more individuals and families through non-traditional venues. The pilot program between the domestic violence shelters and Office of Family and Children at the county level is an excellent example of the creative outreach being employed to increase training and reach more families living with the threat of violence.

As the process of the state plan developed it became clear that the discussions were revolving around common themes. The network of residential and non-residential programs is reaching out to serve more victims and support systems than ever before in Indiana. The funding for domestic violence, though inadequate to serve the need, is adapting and stretching to serve as many victims as possible. Over time and without nurturing these systems will inherently fail. Because of this realization the movement has identified three focus areas to address for the next five years:

- Stabilize the residential and non-residential services network.
- Expand domestic violence services to under and unserved areas.
- Develop a more comprehensive statewide service delivery system.

This strategy will ensure longevity of quality programs and services at the local level for victims and their support systems. It will also strengthen the relationship between FSSA and ICADV so that innovative strategies may continue to be explored and implemented in order to reach more victims and ultimately break the cycle of domestic violence.

History

For over thirty years Indiana has been working to address the needs of domestic violence victims and their families. The movement began across the nation in the 1970's. In many states groups formed at the grassroots level, with community leaders and volunteers coming together in response to requests from local residents for assistance in leaving violent relationships. It was from dedication of those individuals that organized non-profit groups were established to provide emergency housing and crisis intervention services.

In the beginning, services existed for women and their children. The network of domestic violence residential service providers dates back to 1975 for Indiana. Between 1978 and 1981 sixteen programs implemented residential services in Indiana for battered women and their children. Little research had been done back in the 1970's to support the existence of male victims of domestic violence. By the early 80's however, a comprehensive statewide approach to addressing the issues of domestic violence was well underway. The majority of residential programs were located in counties with a population over 70,000 and provided services to a minimum of two counties adjacent to the county of program origin. Since 1981 ten more programs have opened, bringing the current state funded residential program count to twenty-six.

In Indiana the first formal organization took place in the establishment of a coalition. The Indiana Coalition Against Domestic Violence (ICADV) was created and incorporated in 1980. The movement progressed steadily throughout the 1980's with the formation of the first Women of Color Task Force in 1984 and the Formerly Battered Women's Task Force in 1985.

Since that time the movement to end domestic violence in Indiana has grown considerably. The movement is fortunate to have the strong working relationships of: Family and Social Services Administration, Indiana Criminal Justice Institute, Domestic Violence Prevention and Treatment Council, The Indiana Coalition Against Domestic Violence, Indiana Prosecuting Attorney's Council, Indiana State Medical Association, Domestic Violence Network of Indianapolis, and Indiana Legal Services Organization. This list is not an exhaustive list of all of the key players throughout Indiana that have joined forces to fight against domestic violence, rather a short list of the key players that are the catalyst for the progressive and proactive response.

In 1985, the Family and Social Services Administration (FSSA) took the task of improving and unifying service delivery for victims of domestic violence to the next level. The State of Indiana and Indiana Coalition Against Domestic Violence (ICADV) collaborated on the development and periodic revision of health and secure living environments. The peer review process was begun, supporting confidentiality and empowerment, encouraging responsive management, and promoting principles of equity and inclusiveness. Peer review standards were initially developed for residential services as the quality assurance component. In 1995, non-residential standards were added to the plan. The current standards do require residential programs and non-residential to meet local codes, city or county ordinances, and fire and safety practices.

Thirty-nine (39) domestic violence programs are now established at the local level to serve Indiana's 92 counties. All of these programs benefit from the forward thinking and dedication of the individuals who have come before them that have made this movement in Indiana strong and united.

Funding in Indiana

As a primary funder for domestic violence victim services, FSSA has identified domestic violence as a priority issue. While increased funding is an ongoing issue as more victims of domestic violence are reporting and seeking services, FSSA has established a framework of consistent funding from which to build upon for an improved response in serving victims of domestic violence.

Social Service Block Grant Fund. Indiana has participated in Title XX of the Social Security Act since 1975. The purpose of this law was to establish a funding base for the purchase of social services. The federal government allocated dollars to each state according to a population-based formula, with states responsible for providing 25% matching funds. By 1981 the Title XX funding was incorporated into the Social Service Block Grant, for the purpose of allowing the states greater autonomy in allocating dollars for social service needs.

In Fiscal Year 1978 the Indiana Title XX plan included, for the first time, services to victims of domestic violence (labeled the 0600 Service.) The state began to address this service area as a serious need when women's residential services began to open across the state. These organizers, along with other concerned citizens, worked with staff at the Family and Social Services Administration (FSSA), formerly the Department of Human Services, to develop this service, which was titled Preventing and Remediating Abuse and Neglect. The target population at that time was adults in danger of abuse and neglect who were classified primarily as patients with mental illness or persons not capable of caring for themselves.

Today, the 0600 service provides temporary residential services, 24-hour crisis intervention and casework services. This service is for domestic violence victims and their children. Victims of domestic violence are those persons who have experienced or are in danger of experiencing abuse caused by a spouse, ex-spouse, or surrogate spouse. Services are intended to be short-term in nature for emergency and crisis situations. This funding stream provides residential services only.

Initially, SSBG reimbursement for services was available for 30 days. It is now available for 45 days. Rates for reimbursement were established for each agency by component. Several years later the five components were combined into one rate for service. The combination was redefined to reflect a comprehensive residential service rate which included all aspects except medical services, which were eliminated. The unit purchased is one 24-hour day of service. The rates were established based on the actual cost of the program; however, sufficient funding has never been available to purchase 100% of the cost of residential services.

By Fiscal Year 1987, the service title was changed to more accurately reflect the service being purchased. The major service title is Services to Victims of Domestic Violence. Casework services to children in residential services with their parent were included on a limited basis due to a shortage in funding.

Since 1987, SSBG funding has steadily decreased; however, funding for domestic violence services has remained consistent.

Domestic Violence Prevention And Treatment Fund (DVPT). As the number of residential services grew throughout the state, the dollars available began to diminish due to economic constraints. Additional sources of funding were needed to supplement the federal and local funds that were being used to provide this service.

In July 1980 state legislation was enacted that increased the funding base for programs by approximately 20%. Senate Enrolled Act (SEA) 185 established the Domestic Violence Prevention & Treatment Fund. The fund derived revenue from a \$10 increase in the divorce filing fee within the state.

The Act also established the Domestic Violence Prevention & Treatment Council (DVPT Council). This body acted in an advisory capacity to the Interdepartmental Board (IDB) for the Coordination of Human Services which was responsible for administering the fund. The council was appointed by the Governor, while the IDB consisted of selected state agency heads and a Governor's assistant.

The initial distribution of the DVPT funds began in October 1981. The grant period was made consistent with the Social Service Block Grant contract period of July 1 through June 30. Upon recommendation of the Indiana Coalition Against Domestic Violence, the DVPT Council recommended to the IDB that residential services facilities be primary recipients of these funds. The IDB agreed to comply with this recommendation, which remained in effect through Fiscal Year '88.

In July 1985, the Senate Enrolled Act was amended. The amendment, House Bill 1518, established the Family Violence and Victim Assistance Fund (FVVA). The purpose of the amendment was to expand the available revenue and develop two additional programs. This bill enacted the Child Abuse Prevention Fund, the Victims and Witness Assistance Fund, and maintained the Domestic Violence Prevention and Treatment Fund.

The 1987 General Assembly passed legislation, House Enrolled Act 163 that amended portions of the original legislation, SEA 185, regarding revenues. The section of the bill that addressed designated funds deleted the divorce and criminal prosecution fees, however, it maintained the marriage license fees. Beginning July 1, 1987, revenue was collected from accumulated court fees and marriage license fees. In Fiscal Year 1990, DVPT dollars increased 100%. In Fiscal Year 1991, the funding remained the same and was frozen. All previous rules and regulations were maintained as outlined in SEA 185 and HEA 1518 with the exception that, as of July 1, 1987, the Interdepartmental Board was no longer involved in the administration of the DVPT funds. After Fiscal Year '97, the revenue comes from fees that are collected twice a year from marriage and divorce filing fees. The DVPT funding stream was increased for State FY 2001. The budget appropriation was made a State Line Item, which is one million dollars (\$1,000,000) for two (2) years. These additional dollars will enable us to expand state funding that will include new Domestic Violence programs (Residential, Nonresidential, and Transitional Housing).

Sole responsibility for administration now lies with the Indiana Family and Social Services Administration (IFSSA). Funding priorities for DVPT remain predominantly focused on the support of residential programming. DVPT funds of up to 75% may be used for direct services and operations involved in providing emergency shelter to victims and their children. The remaining percentage of funds is distributed based upon demonstrated need. Programs receiving

funding under DVPT may provide education and training to communities and professionals; programs may be conducting outreach to underserved or at-risk populations; may provide direct services such as counseling, support groups, or hotlines operated in a non-residential setting. FSSA may also reserve up to 5% of the funds to carry out assessment of needs for domestic violence programs.

Federal Family Violence Prevention & Service Act. In Fiscal Year 1987, the state received a small amount of federal dollars from the Family Violence Prevention & Services Act. In the regulations, these funds were specified for services to victims and perpetrators, community education, training to service providers, and evaluation activities. This funding was originally available from Fiscal Year '88 through Fiscal Year '91, because its continued availability was uncertain; however, funding has increased each year since FY '91, which allowed priorities to be set for needed children's programming and outreach services. Seventy-five percent (75%) of these funds are also set aside for residential programs.

Within the broader federal guidelines the state retains the flexibility to target funds to victims as services and/or monetary needs required. FSSA uses Federal Family Violence funding to address the needs of identified or targeted underserved populations. Specific categories emerged during the previous assessment stage and have been considered the priorities for funding under this funding stream. Target populations are identified as: Elderly Victims of Family Violence, Minority Populations, and Immigrant Populations. FSSA, in keeping with the federal initiative, strongly encourages partnerships and program delivery among faith-based organizations and for batterer's treatment programs. FSSA supports outreach, education, and direct service programs that have emphasis on addressing these areas. Additionally these funds are used to support training and public awareness efforts that continue to expand the message of prevention and/or breaking the cycle of violence.

Other Funding Sources. In addition to funding from FSSA the domestic violence organizations throughout Indiana receive additional federal funding from Housing and Urban Development (HUD) and the U.S. Department Of Justice.

HUD is a major funding entity for capitol projects including emergency shelters and transitional housing programs. In Indiana HUD funding is distributed primarily to the Indiana Housing Finance Authority (IHFA) and Indiana Department of Commerce (IDOC). Funding is also available through the HUD State Office and distributed out to entitlement areas at the local level for distribution. The Supportive Housing Program (SHP) is a source of funding in operations for many transitional housing programs serving domestic violence victims.

The Indiana Criminal Justice Institute is the administering agency of funding coming down from the U.S. Department Of Justice. Under the Crime Bill the Violence Against Women Act created a new funding stream entitled Services and Training for Officers and Prosecutors (STOP). These funds along with the Victims Of Crime Act (VOCA) funds support advocacy work, hotline operations, volunteer programs, crisis intervention services, as well as training, education, and resources to benefit professionals in aligned fields.

Description of Existing Services

A full continuum of services exists throughout Indiana for victims of domestic violence and their families. This section will provide a description of these services and programs.

Advocacy: Activity in which worker presents and/or argues the clients cause; argues, debates, bargains, negotiates, and manipulates the environment in order to secure the benefits and/or rights to which the client, or group is entitled.

Children's Services: The provision of services to children of domestic violence victims through residential or non-residential programs. Services may include counseling, education, day care, recreation and/or needed medical care. Staff and volunteers are trained in family violence dynamics and communications. They plan activities appropriate to the maturity levels of the children in either one-on-one or group situations.

Community Education/Prevention: The activities under this category include specific projects designed to inform the public of the availability of domestic violence services and the incidence, severity and characteristics of domestic violence and projects aimed at changing attitudes about domestic violence in order to bring an end to violence in the home.

1. Regular Events: Including activities such as speaking engagements, school presentations, and newsletters are counted by the number of times the event occurs and the number of persons reached.
2. Community-Wide Events: Including media contacts, PSA's, press releases and brochures are counted in relation to the development of the material and are seen as reaching a community-wide audience. For example, one press release developed and distributed to various news agencies would be one event.

Counseling: Counseling with victims of domestic assault within a domestic violence program is most often crisis, short term counseling that can be characterized as supportive and educational.

1. Supportive counseling is a non-therapeutic method which involves listening to and understanding the victim, and responding in a non-judgmental manner. Supportive counseling is achieved in a one-on-one setting or within groups. The goal is to share concern, responsibility and power between the facilitator and the victim, thereby acknowledging the victim's competence. The victim is provided with support, but each decision is made by the victim; supportive counseling can be described as a "self help" model.
2. Educational counseling is a non-therapeutic method which offers the victim information, resources, advocacy, and education for the purpose of restoring the victim's strengths. It assumes that victims heal more effectively when they are given the tools and information necessary to help them.

Crisis Intervention: Contact or services given during the most critically determining point of a client's instability. Types of services include:

1. 24 hour, seven days a week, telephone service that is operated by the program and answered by paid/volunteer staff that have been trained in the dynamics of crisis intervention and family issues. This service includes analyzing a caller's situation, providing information regarding services and making referrals to other service providers.
2. Physically responding face-to-face to the person in need of services (i.e. arranging emergency transportation, supporting/advocating with the victim at the hospital, police station, etc., and providing other referrals.

Emergency Shelter (Residential Services): Temporary housing, including room/board and casework services, which are provided to a domestic violence victim and his/her dependents.

Family Domestic Violence Option Waiver: This waiver started in Indiana on July 1, 2000. The option allows a family to be eligible for exemptions. These exemptions are:

- ◆ Compliance with Child support Enforcement activities
- ◆ Participation in work activities
- ◆ 24-month limit on benefit receipt

Safe Home Network: A system by which trained volunteers, associated with a residential/non-residential program, provide safe lodging, food, toiletries, and daily living necessities. The residential/non-residential program provides the initial assessment/placement, intake, case management, and follow-up services.

Support Groups: Open ended self-help sessions for families affected by domestic violence, both in residential and non-residential programs, that are facilitated by staff or volunteers trained in the dynamics of family violence.

Transitional Housing: Affordable housing that residents and children coming from residential/non-residential services may live in while trying to reestablish their lives. The housing is typically available for up to two years.

Transportation: The provision of services to ensure that victims of domestic violence have a means of being able to leave a violent environment. Programs must provide emergency transportation on a 24-hour basis to victims leaving a violent situation and work with each individual to arrange or provide transportation as necessary as part of each case management plan.

Challenges

“Most of the important things in the world have been accomplished by people who have kept on trying when there seemed to be no hope at all.”
Dale Carnegie

Domestic violence is an issue of power and control. It is no longer a matter that is contained behind closed doors. Society must accept ownership of the problem and implement measures to affect change. There are thirty-nine (39) state funded programs in Indiana serving victims of domestic violence as a primary service population. The focus of the new millennium in addressing the needs of domestic violence victims and their support systems has changed to meet the diverse needs of both victims and communities statewide.

Residential programming need: Residential programming has leveled out to some degree in Indiana. There are twenty-six (26) residential programs in Indiana receiving state funds. FSSA has identified through current statistics and current geographic information that residential programming needs developed in regions II, III, and IV. Three shelter-based programs are in process in regions III and IV. Development is required to address the need in region II.

Non-residential programming need: Non-residential programs have been identified as a beneficial source of outreach and support for victims of domestic violence. In Indiana there are thirteen (13) state funded non-residential programs. Through the gathering of statistical data and current demographic and geographic information a need has been determined for expansion of programming in Benton, Clinton, Henry, Starke, and Steuben counties.

Transitional living programming need: Transitional living programs are relatively underutilized in Indiana. It is a promising practice and is recognized as a beneficial program for victims of domestic violence in the effort to break the cycle of violence. While it seems clear that transitional living should be promoted and developed throughout the state the recommendation for present need is to research and document current inventory of transitional living programs in the state and follow-up with a recommended plan of action for expansion into other areas over the next five years.

Coordination of service delivery: Per the Continuum of Care Model defined in this plan local residential and non-residential programs need awareness on the education and technical assistance opportunities available for the development and implementation of a wrap-around service delivery system for victims of domestic violence and their dependent children. The County Plans developed by each Office of Family and Children need to be reviewed and incorporated into the outreach and programming plans for each domestic violence service provider.

Education and training need: The education of victims and the professionals who serve them should continue to be a high priority. Continuing education for staff and volunteers will assist in assuring the maintenance of quality programming and will decrease staff burnout in this highly stressful field. As the issues surrounding domestic violence are receiving much attention on both the state and national levels the education and training of staff is essential to maintain knowledge on current trends, model programs, and promising practices. Indiana has ranked domestic violence as a high priority issue; educating professionals to effectively serve victims will keep this focus. The education of victims and the general public on the prevention of and intervention

in domestic violence should also be considered an area of need. Continual education on the issues will raise the bar of social consciousness and will increase public awareness.

Research and evaluation need: Indiana is in need of a well-developed method of measuring and evaluating domestic violence programs. With several providers of residential and non-residential programming the actual number of adult victims and child victims of domestic violence are unknown. Accurate and reflective data of the status of residential programs utilization of bed space and capacity need to be collected and maintained on an ongoing basis to maintain the strategic process of recommending future expansion of programming in Indiana.

Standards revision need: The Peer Review Standards process needs updated and modified to maintain consistency with the County Plans that have been implemented by each Office of Family and Children. Standards need to be modified in compliance with the model program tool of the Continuum of Care Wheel provided in the State Plan document.

Underserved population priority: While it is true that domestic violence exists in all communities, regardless of class, race, ethnicity or sexual orientation, responses to domestic violence cannot be effective without acknowledging both racial and gender dynamics, differing cultural values, and differing perceptions of the problem of domestic violence in each community. Historically domestic violence residential and non-residential service providers have maintained an open door policy and do not discriminate in the provision of services. This however is not enough; focus needs to be given to largely underserved groups.

- **African American.** The African American culture in Indiana is served in standard practice by residential and non-residential service providers. However, there are a limited number of service providers that actually practice outreach methods that target the unique and diverse needs of the African American segment of the population.
- **Hispanic.** The Hispanic population is also largely underserved in the domestic violence arena. Residential and non-residential service providers have limited access to translators to effectively outreach and serve the Hispanic population.
- **Native American.** The Native American population must also be considered in outreach efforts to underserved populations. Residential and non-residential statistics reflect very low percentages of service to Native American individuals and families.
- **Islamic.** Little is known about the growing Islamic population in Indiana. Consideration should be given to this population in light of current events that have brought attention to this culture and increased the lack of understanding and tolerance directed at this population.
- **Migrant Families.** Additionally there is still a gap in knowledge surrounding the migrant family population. Indiana at certain times of the year has a relatively large population of migrant families working throughout the state. The crimes of power and control are reported to be high among migrant families, however little attention is paid to this population in terms of outreach and services to address domestic violence.
- **Asian.** According to the National Violence Against Women Survey, Asian/Pacific Islander women were least likely to report rape and physical assault victimization. Indiana lacks information and awareness to address the needs of this population.

Research, training, and development need to be considered an area of need as well when addressing the underserved populations. While the focus of this plan concentrates on the diverse needs of the identified underserved populations, it should be acknowledged that all programs must identify and maintain culturally competent services that address the needs of all segments of the population.

Goals and Recommendations

“This one step – choosing a goal and sticking to it – changes everything.” Scott Reed

The following narrative outlines the goals and objectives of the domestic violence plan, listed in order of priority. The ultimate goal is to break the cycle of violence. A chart visually representing the goals and objectives follows the narrative.

The first goal is to stabilize the residential and non-residential services statewide network in terms of funding, staffing, and quality and level of service by:

- 1) funding residential services according to a formula that incorporates size and capacity, number of counties served, community need (population and geographic demographics), score on peer review, ancillary services, unit cost, average occupancy rate and cost of living;
- 2) funding non-residential services according to a formula that incorporates size, number of counties served, community need (population and geographic demographics), ancillary services, unit cost and cost of living;
- 3) developing recommended staffing levels and salary scales and encouraging boards and directors to consider such levels in their planning process (see appendix for model budgets; and
- 4) providing technical assistance in development.

The second goal is to expand basic domestic violence services throughout the state to under and unserved areas. Basic services are defined as 1) ready access to residential services. Every county must have residential services located either within the county or in a contiguous county; and 2) non-residential services within each county, defined as 24 hour crisis intervention; information and referral; support and advocacy; face to face services a minimum of forty hours per week; and transportation. Basic services will be expanded by:

- 1) conducting research to identify the specific areas of need within the state;
- 2) establishing a working relationship with community representatives and assisting local task forces, outreach groups, etc. to build support for and facilitate the development of services;
- 3) providing technical assistance; and
- 4) facilitating the development of residential services in Regions II, III and IV.

The third goal is to develop a more comprehensive statewide service delivery system characterized by a continuum of services in each county. The continuum would include services for victims, batterers, children/family members, and the community at large such as batterers' intervention groups, victims' assistance/non-residential services for victims, children's' services, transitional housing, support and counseling services for intact families, prevention programs,

and other vital programming. The continuum would also include the active involvement in identification and intervention of families affected by domestic violence by faith based, law enforcement, schools, offices of the Division of Family and Children, health departments, attorneys, and other points of contact with families. Services will be facilitated by:

- 1) conducting research to identify the services needed throughout the state, with particular attention to services for:
 - a) children
 - b) batterers
 - c) victims requiring services other than residential
 - d) families choosing to remain unified or reunifying
- 2) coordinating necessary services for and interaction with those affected by domestic violence with other existing state and voluntary programs;
- 3) establishing a working relationship with community representatives and assisting local task forces, outreach groups, etc. to build support for and facilitate the development of services and a multi-disciplinary approach;
- 4) providing technical assistance in the development of services, funding, and standards;
- 5) promoting programs/services which empower adults and children; and
- 6) supporting the continuing education of professionals from multiple disciplines regarding domestic violence.

1. GOAL - To stabilize the residential and non-residential services network

OBJECTIVES:

- *Develop funding formula
- *Recommend staffing levels/salaries
- *Provide technical assistance

2. GOAL - To expand domestic violence services to under and unserved areas

OBJECTIVES:

- *Conduct needs assessment
- *Build community support for services
- *Provide technical assistance
- * Develop residential services in Regions IV and VI

3. GOAL - To develop a more comprehensive statewide service delivery system

OBJECTIVES:

- *Conduct needs assessment
- *Access other existing state and voluntary programs
- *Develop relationship with community representatives
- *Provide technical assistance
- *Promote programs/services which empower adults and children
- *Support continuing education

Conclusion

“Learning is not attained by chance, it must be sought for with ardor and attended to with diligence.” Abigail Adams, 1780

Together let us work to find the answers. In our lifetime we will more than likely not see an end to domestic violence. However, this does not mean that we should give up the fight. Even over the past decade we have been witness to many accomplishments. The establishment of new funding for violence against women issues under the Crime Bill is just one of many that has brought about increased reporting and empowerment to victims of domestic violence who previously were too afraid to speak out or who had no idea where to turn for help.

The efforts of existing programs and the partnerships with state agencies such as FSSA has made great strides in the fight to end domestic violence. So while new programs and expansions will only strengthen the army, care must be given not to forget about those programs that have brought us to this point. Without continued support of their work the fight would be in vain.

Indiana has an opportunity to take proactive steps and challenge itself to reach beyond the secure level of accomplishments. As more and more victims of domestic violence are stepping forward, accessing services, reporting, and following through with leaving the abusive situation, the prospect of breaking the cycle of violence in future generations has never been more prevalent. Truly prevention education in the younger generations has been proven through research to be the key to eliminating and reducing violent crimes, and the next best option is to break the pattern of violence.

It is our vision for the future that this plan will have the power to make a difference. For the thousands of families suffering under the threat of violence in the home, let this plan be put to good use. For the child bearing witness to the violence, let this plan serve as the catalyst for change, so that he or she may have the power and knowledge to break the cycle.

Appendices

Legislative components of DVPT

IC 12-18-3-1 *et seq*: Domestic Violence prevention and Treatment Council (replaces IC 4-23-17.5) Creates council and specifies membership, reimbursement, and duties

IC 12-18-4-1 *et seq*: DV Prevention and Treatment Fund (replaces IC 4-23-18). Establishes fund, grants processing, uses of funds, end users, and program evaluations.

IC 12-18-5 1 *et seq*: Family Violence and Victim Assistance Fund. Establishes fund, administration of fund.

490 IAC 1 *et seq*: Interdepartmental Board for the Coordination of Human Services Programs; Domestic Violence Preventions and Treatment Fund. Specifies grant process for board and types of programs which may be funded.

440 IAC 7-6-1 Domestic violence prevention and treatment centers may be sub-acute mental health centers.

IC 12-13-7 FSSA/DFC, to administer DVPT fund.

33 IC 19-6-13 :Extra court fee of \$50 to be collected for DVPT fund from those who are convicted of crime against a spouse, former spouse, or someone they had lived with as a spouse, or had a child with.

HB 1232 Effective July 1, 2002:

Recodified IC 34 on protective orders and created IC 34-26-5, the Indiana Civil Protection Order Act which also changes terminology throughout Indiana Code so laws are more consistent and :

Reduces required hearings for extending ex parte protective order; protective orders are for 2 years if not rescinded at a hearing;

Adopts most of the Model Code on Family Violence;

Prohibits court from ordering mediation for resolution of protective order;

Enlarges definition of family member;

Creates Workplace Violence Restraining Order;

Requires law enforcement to provide notice of victims' rights, make attempts to prevent further violence, and to confiscate firearms when responding to an alleged dv crime.

470 IAC 13: Federal Social Services Block Grants and **470-IAC 3-4.6:** School Age Child Care Program were previously included as part of 490 IAC 1 *et seq* , but were moved to these sections

compiled 7/8/02 rev.

Relevant Domestic Violence Statutes

Battery. I.C. 35-42-2-1. The crime of Battery is defined as knowingly or intentionally touching someone in a rude, insolent, or angry manner, and is a Class B misdemeanor.

If the battery results in bodily injury to another person, it is a Class A misdemeanor. (“Bodily injury” does include physical pain).

If the battery involving bodily injury is committed by an adult against a child less than 14 years of age, it is a Class D felony. If the battery against the child causes serious bodily injury, it is a Class B felony.

Battery with injury committed by a person who has been previously convicted of battery against the same victim is a Class D felony.

Battery resulting in serious bodily injury, or committed with a deadly weapon, is a Class C felony.

Domestic Battery. I.C. 35-42-2-1.3. A person who commits battery involving bodily injury against a person who is or was a spouse of the offender, who is or was living as if a spouse of the offender, or has a child in common with the offender, commits Domestic Battery, a Class A misdemeanor.

A person who commits the crime of Domestic Battery and has a prior conviction for that crime (or “domestic violence” under IC 35-42-2-1 (a) (2) before its repeal), commits a Class D felony.

Aggravated Battery. I.C. 35-42-2-1.5. A person who commits the crime of battery resulting in a substantial risk of death or cause serious permanent disfigurement or impairment of a bodily function or loss of a fetus, commits Aggravated Battery, a Class B felony.

Invasion of Privacy. I.C. 35-46-1-15.1. A person who knowingly or intentionally violates a protective order, no contact order, workplace violence restraining order, or a similar order issued by a court of another state or Indian tribe, commits the crime of Invasion of Privacy, a Class A misdemeanor.

If the person has prior unrelated conviction for Invasion of Privacy, the crime is a Class D felony.

Criminal Trespass. I.C. 35-43-2-2. A person who, without any contractual interest in a property, enters the property or dwelling without permission and who refuses to leave when asked, or who interferes with a person’s possession or use of property, commits the crime of Criminal Trespass, a Class A misdemeanor.

Intimidation. I.C. 35-45-2-1. A person who threatens another person with the intent of placing the other person in fear of retaliation for a prior lawful act, commits the crime of Intimidation, a Class A misdemeanor.

If the intimidation involves a witness (or spouse of child of a witness) in any pending criminal case against the person making the threat, it is a Class D felony. If the intimidation is committed while using a deadly weapon, it is a Class C felony.

Harassment. I.C. 35-45-2-2. A person who makes a telephone call, sends email, or otherwise communicates with a person with the intent of harassing, annoying, or alarming that person, commits the crime of Harassment, a Class B misdemeanor.

Stalking. I.C. 35-45-10-5. The crime of Stalking is defined by law as any repeated or continuing harassment causing the victim to feel terrorized, frightened, intimidated, or threatened, and is a Class D felony.

If the act of stalking involves a threat placing the victim in fear of sexual battery, serious bodily injury or death; is in disregard of a protection order issued in Indiana or by another state or tribal court; or occurs while a criminal case of stalking against the same victim is pending in court, the crime is a Class C felony.

If the act of stalking occurs while the offender is armed with a deadly weapon, or if the offender has a previous conviction of stalking the same victim, the crime is a Class B felony.

Kidnapping. I.C. 35-42-3-2. The crime of Kidnapping is defined as the confinement or removing of another person by fraud, enticement, force, or threat of force from one place to another with the intent to obtain ransom, while hijacking a vehicle, or with the intent of using the person as a hostage or shield, and is a Class A felony.

Criminal Confinement. I.C. 35-42-3-3. The crime of Criminal Confinement is defined as substantially interfering with the liberty of another, or removing a person from one place to another, without their consent, and is a Class D felony.

If the confinement involves a child less than 14 years of age and who is not the child of the offender, it is a Class C felony.

If the confinement is committed while armed with a deadly weapon or results in serious bodily injury to another person, it is a Class B felony.

Interference with Custody. I.C. 35-42-3-4. The crime of Interference with Custody is defined as a taking or detaining and concealing a child less than 18 years of age in order to deprive another person of custody or visitation rights, and is a Class C misdemeanor.

If the taking or detaining and concealing of a child is in violation of a court order, it is a Class B misdemeanor.

If the person removes a child less than 18 years of age to a place outside of Indiana in violation of a court's custody order, the crime is a Class D felony.

The violation of a custody order involving a child less than 14 years of age who is not the child of the offender is a Class C felony.

If the violation of a custody order by taking a child out of state is committed while the offender is armed with a deadly or it results in serious bodily injury to the child, the crime is a Class B felony.

Interference with Reporting of a Crime. I.C. 35-45-2-5. A person who, with the intent to commit, conceal, or aid in the commission of a crime, knowingly or intentionally interferes with or prevents an individual from:

- (1) using a 911 emergency telephone system;
- (2) obtaining medical assistance; or
- (3) making a report to a law enforcement officer;

commits interference with the reporting of a crime, a Class A misdemeanor.

Penalties:

Class C misdemeanor: Fine up to \$500 and up to 60 days in jail.

Class B misdemeanor: Fine up to \$1000 and up to 180 days in jail.

Class A misdemeanor: Fine up to \$5000 and up to 365 days in jail.

Class D felony: Fine up to \$10,000 and 6 months-3 years in jail/prison.

Class C felony: Fine up to \$10,000 and 2-8 years in jail/prison.

Class B felony: Fine up to \$10,000 and 6-20 years in jail/prison.

Class A felony: Fine up to \$10,000 and 20-50 years in jail/prison.

Warrantless Arrest for Domestic Battery and Battery. I.C. 35-33-1-1(a)(5). Law enforcement officers in Indiana, given probable cause, can make an on-scene, warrantless arrest for the misdemeanor crimes of Battery resulting in bodily injury, or Domestic Battery. Under Indiana law, victims are not required to sign any type of affidavit in order for an arrest to be made.

Warrantless arrest for Invasion of Privacy. I.C. 35-33-1-1(a)(6). Given probable cause, law enforcement officers may make an arrest for Invasion of Privacy. A officer does not have to witness the suspect violating the protection order in order for an arrest to occur.

Probable cause. The term “probable cause” means having more evidence for than against.

Duties of Law Enforcement Officers. I.C. 35-33-1-1.5(a). When responding to DV scene, law enforcement officers...”shall use all reasonable means necessary to prevent further violence.”

Officers must:

- Transport or obtain transportation for victim/children to a designated safe place to meet with a domestic violence counselor, local family member, or friend.
- Assist victim in removing toiletries, medication and clothing.
- Give victim immediate and written notice of the Victim Rights under IC 35-40.

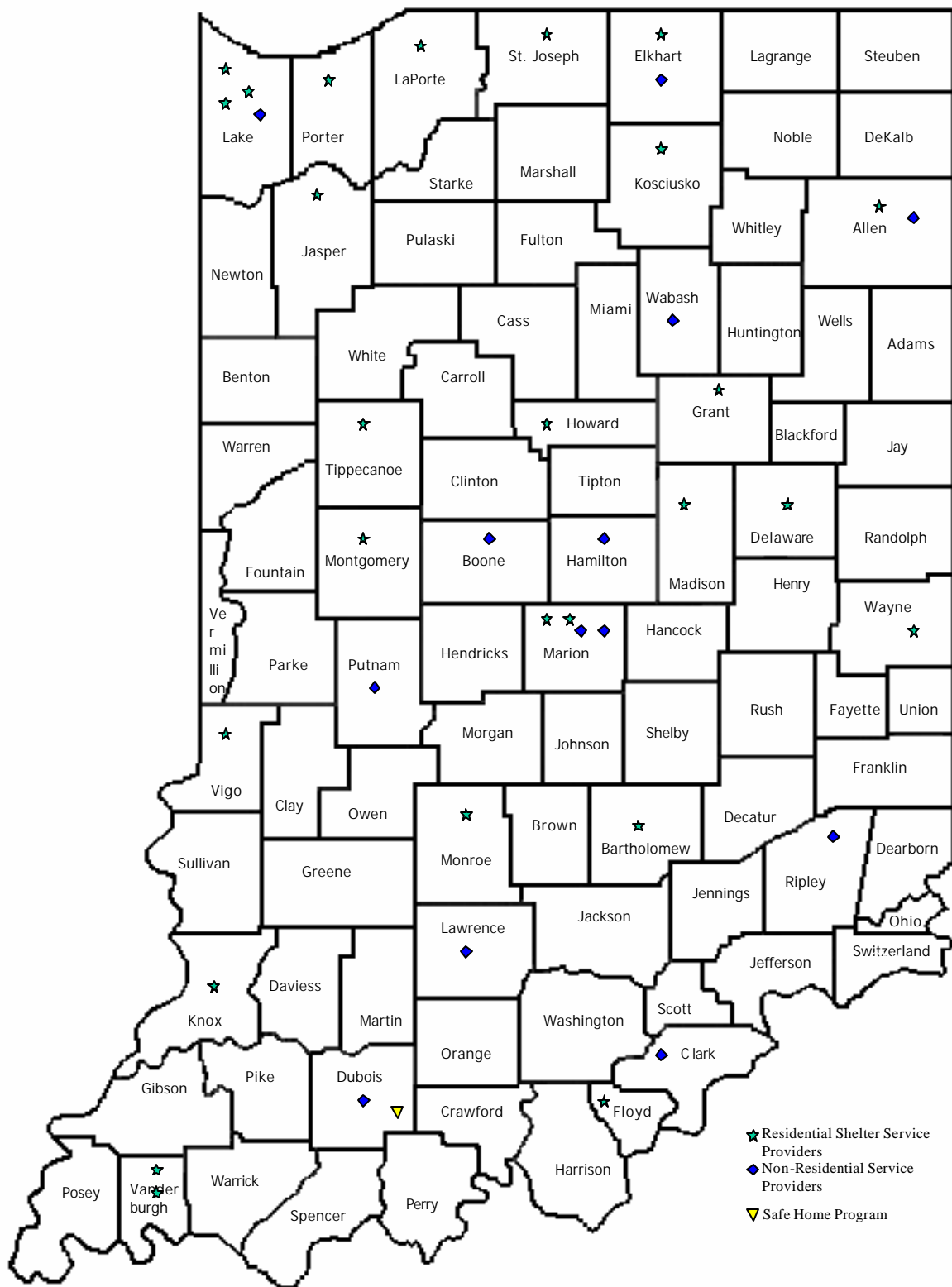
Officer may confiscate and remove a firearm, ammunition or deadly weapon if the officer has:

- Probable cause that a crime of domestic or family violence has occurred;
- Reasonable belief that the weapon exposes victim to immediate risk of serious bodily injury or was used in the commission of the crime; and
- Observed firearm, ammunition, or deadly weapon at the scene during the response.

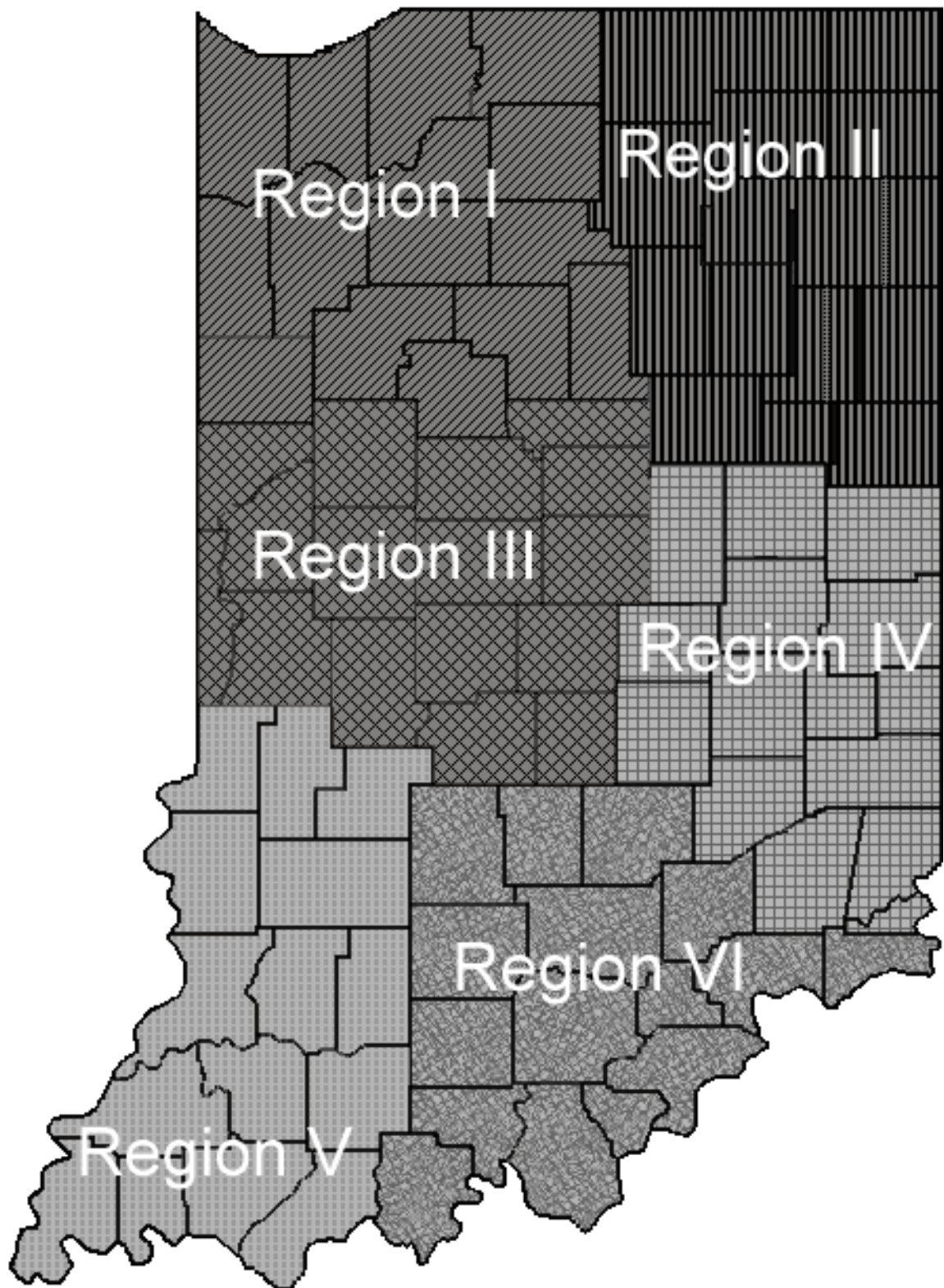
Victim Rights. I.C. 35-40. Officers responding to domestic violence scene are required to provide a victim with a written notice of their statutory rights.

Definition and Description

The following maps and table provide a visual description of the program service areas. The first map depicts the locations of each residential and non-residential program that is a government funded and recognized agency/organization. The second map depicts the regions that domestic violence services have been divided into for purposes of assessment, service coverage, and peer review evaluation. The table provides information on specific residential programs and the counties that are served by each shelter. It should be noted that there are overlaps in service areas by residential programs. This ensures that victims in counties without a shelter will be provided the necessary emergency shelter services, safety planning, and support services needed to leave an abusive situation.



Domestic Violence Service Providers



Regional Division for Domestic Violence Services

DOMESTIC VIOLENCE RESIDENTIAL FACILITIES * = HOME COUNTY	
Residential Facility	Home County/Counties Served
City of Gary	*Lake
St. Jude House, Inc.	*Lake, Porter
Haven House, Inc.	*Lake - Hammond
North Central Indiana Rural Crisis Center, Inc.	*Jasper, Newton, Pulaski
The Caring Place, Inc	*Porter, Lake, Starke
The Stepping Stone Shelter for Women, Incorporated	*LaPorte
Young Women's Christian Association of Greater Lafayette	*Tippecanoe, Benton, Carroll, Clinton, Fountain, Warren, and White
Young Women's Christian Association of St. Joseph County	*St. Joseph
Family Services of Delaware County Indiana, Inc.	*Delaware, Blackford, Jay, Henry, Randolph
Kosciusko County Shelter for Abuse Inc	*Kosciusko, Marshall
Young Women's Christian Association of Ft. Wayne IN	*Allen, Adams, Dekalb, Huntington, LaGrange, Noble, Steuben, Wells, Whitley
Family Service Society Inc	*Grant, Wabash
Council on Domestic Abuse, Inc.	*Vigo, Clay, Parke, Sullivan, Vermillion
Young Women's Christian Association of Kokomo, Indiana	*Howard, Cass, Fulton, Tipton, Wabash
Family Crisis Shelter, Inc.	*Montgomery, Boone, Fountain, Putnam
The Julian Center Inc	*Marion, Boone, Hamilton, Hendricks, Hancock, Johnson, Morgan, Shelby
The Salvation Army	*Marion
Alternatives Incorporated of Madison County	*Madison, Hamilton, Hancock, Henry, Marion
Middleway House Incorporated	*Monroe, Greene, Lawrence, Martin, Morgan, Owen
Columbus Regional Shelter for Victims of Domestic Violence	*Bartholomew, Brown, Dearborn, Decatur, Jackson, Jefferson, Jennings, Johnson, Ohio, Ripley, Shelby, Switzerland
Young Women's Christian Association of Richmond, Indiana	*Wayne, Fayette, Franklin, Rush, Union
Knox Co. Task Force Against Domestic Violence, Inc.	*Knox, Daviess, Pike

Young Women's Christian Association of Evansville, Indiana	*Vanderburgh, Crawford, Dubois, Gibson, Orange, Perry, Pike, Posey, Spencer, Warrick
Albion Fellows Bacon Center, Inc.	*Vanderburgh, Crawford, Dubois, Gibson, Harrison, Orange, Perry, Pike, Posey, Spencer, Warrick
The Center for Women and Families, Inc	*Floyd, Clark, Crawford, Harrison, Orange, Scott, Washington
Family Services of Elkhart County, Inc.	*Elkhart
RESIDENTIAL UNDER DEVELOPMENT	Home County/Counties Served
Adams County Crisis Shelter	*Adams
Noble House	*Noble
Safe Passage	*Ripley, Dearborn, Franklin, Ohio, Switzerland
Sheltering Wings, Inc.	*Hendricks

Statistics: Domestic Violence

- In 2000, 10% (655,350) of violent crime victims were victimized by an intimate. Twenty-one percent of violent crimes committed against females were committed by an intimate partner, while males experienced violent victimization by intimates in 3% of cases.⁽¹⁾
- One in seven intimate partner victimizations of a woman involved a weapon, and about ½ resulted in a bodily injury.⁽²⁾
- Women age 16 to 24 were the most vulnerable (15.7 per 1,000) to non-lethal intimate partner violence between 1993 and 1999.⁽³⁾
- Women who are separated were victimized by an intimate at rates significantly higher than divorced, never married, or married women.⁽⁴⁾
- In a study focused on arguments in which both partners engaged in physical violence, full time employed people were less likely to experience family violence, while those working and receiving welfare benefits were more likely to experience family violence relative to other employment status groups.⁽⁵⁾
- The same study found that the number of children in the household, alcohol consumption, and previous history of engaging in violent arguments are all significant predictors of family violence. By contrast, satisfaction with social support from family and friends decreases violent family arguments.⁽⁶⁾
- According to NIBRS data, 3% of intimate partner assaults include a child abuse victim, and 13% of child abuse cases also include an intimate partner assault.⁽⁷⁾
- Findings of a study on deterrent effects of arrest on intimate partner violence found that the arrest of the suspect (and any subsequent confinement) reduced the incidence of future aggression by 30%, according to victim interviews. According to police records, arrests may have decreased the amount of times the police had to intervene subsequently by between 4% and 10%.⁽⁸⁾
- Domestic violence was a factor in 13% of animal cruelty cases in 2000.⁽⁹⁾

1. Rennison, Callie. (2001). Criminal Victimization 2000 Changes 1999-2000 with Trends 1993-2000. Washington, D.C.: Bureau of Justice Statistics, U.S. Department of Justice.

2. Rennison, Callie. (2001). Intimate Partner Violence and Age of Victim, 1993-99. Washington, D.C.: Bureau of Justice Statistics, U.S. Department of Justice.

3. Ibid.

4. Ibid.

5. Rodriguez, E; Lasch, K, Chandra, P, Lee, J. (2001). Family Violence, Employment Status, Welfare Benefits, and Alcohol Drinking in the United States: What is the Relation? Ithaca, NY: The Health Institute/Division of Clinical Care Research of the New England Medical Center.

6. Ibid.

7. Finkelhor, David, Ormrod, Richard. (2001). Child Abuse Reported to the Police. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

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